

REVISION

ATTACHMENT 3.1-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

20. Extended Services to Pregnant Women, continued.

4. Genetic Counseling performed by a provider approved by Parent-Child Health Services and the single state agency.

TN# 92-27 Approval Date: 2-9-93 Effective Date: 10/1/92
Supersedes
TN# ---

State/Territory: WASHINGTON

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

~~f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.~~

~~☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.~~

*Description provided on attachment.

TN No. 91-25

Supersedes

TN No. 91-22

Approval Date 1/14/92

Effective Date 12/1/91

HCFA ID: 7986E

*Deleted Per
State letter
dated 5/4/95*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State WASHINGTON

24.a.Transportation

- (1) Approval required for all except transportation by ambulance.
- (2) Transportation for covered medically necessary services is provided in two ways.
 - (a) As an optional medical service through direct vendor payments. Transportation provided as an optional medical service includes:
 - i. Ambulance transportation,
 - ii. Non-ambulance transportation in those counties where contractual arrangements for providing transportation as an administrative service are being negotiated or are planned, and
 - iii. Services provided outside the broker's contractual obligation.
 - (b) As an administrative service through contractual arrangements between the single state agency and local governmental entities, transit authorities, non-profit or private enterprises. Only non-ambulance transportation is provided as an administrative service. Non-ambulance transportation available through contractual arrangements may include mass public transportation, commercial air, rail, bus, taxi and cabulances, non-profit paratransit, volunteer transportation, and recipient supplied transportation.

23.d. Skilled nursing facility services provided for patients under 21 years of age.

Prior approval.

TN# 9125 Approval Date: 1/14/92 Effective Date: 12/1/91
Supersedes
TN# 89-8

State: Washington

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

 X Provided: X State Approved (Not Physician) Service Plan
Allowed
 Services Outside the Home Also Allowed

 X Limitations Described on Attachment 3.1-A

 Not Provided.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State WASHINGTON

26. Personal Care Services

(1) Eligibility for services.

- (a) Persons must be living in their own home, Adult Family Home, family foster home, children's group care facility or licensed boarding home.
- (b) Persons must be determined to be categorically needy and need assistance with at least one personal care service.

(2) Nurse Oversight

A registered nurse will:

- (a)- Perform an on-site evaluation of personal care services, and
- (b) Assess provider skill levels and training needs.

(3) Training

The department will coordinate community resources to ensure that appropriate training is available to home care agency aides and individual providers engaged in the provision of Medicaid personal care services.

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